

Serial No. 10/099,690

Docket No. HRT-0293

## 1-37. (Cancelled)

38. (Currently Amended) A method of forming a lesion in heart tissue of a patient to treat atrial fibrillation, consisting essentially of:, comprising:

providing an electrophysiological ablating device comprising at least one electrode;  
creating an opening in a patient's chest, the opening passing through the chest wall and into the patient's thoracic cavity;  
passing the electrode through the opening;  
positioning the electrode adjacent to heart tissue; and  
ablating the heart tissue with the electrode to create a lesion in the heart tissue while the heart is beating to treat atrial fibrillation.

39. (Original) The method of claim 38, comprising the steps of:

creating a second opening in the wall of the patient's heart, the second opening passing through the wall of the heart and into an interior chamber of the heart;  
positioning the electrode through the second opening and within an interior chamber of the heart prior to the step of ablating the heart tissue with the electrode.

40. (Original) The method of claim 39, wherein the step of positioning the electrode within a chamber of the patient's heart comprises the steps of:

introducing a tubular access device into the second opening, the access device having an inner lumen and a distal end;  
inserting the electrophysiological ablation device through the inner lumen of the tubular access device such that the electrode extends beyond the distal end of the access device and within an interior chamber of the heart.

41. (Original) The method of claim 38, wherein the opening is created intercostally and the electrophysiological ablation device is introduced through the intercostal space.

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42. (Original) The method of claim 41, wherein the opening is a small percutaneous incision in the space between the ribs.

43. (Original) The method of claim 38, wherein the opening is created without retracting the sternum.

44. (Previously Amended) The method of claim 38, wherein the opening is created without retracting the ribs.

45. (Original) The method of claim 38, wherein the step of ablating the heart tissue comprises the step of applying radiofrequency energy to create the lesion in the heart tissue.

46. (Cancelled)

47. (Currently Amended) A method of forming a lesion in heart tissue of a patient, comprising:

providing a device having a distal portion and comprising an energy source comprising a rigid shaft having a distal end and a proximal end, a flexible tip attached to the distal end of the shaft, and at least one ablating element carried on the flexible tip;

creating an opening in a patient's chest, the opening passing through the chest wall and into the patient's thoracic cavity;

passing at least a portion of the flexible tip distal portion of the device through the opening;

positioning the flexible tip distal portion of the device adjacent to heart tissue; and ablating the heart tissue with energy delivered from the energy source to create a lesion in the heart tissue while the heart is beating.

48. (Currently Amended) The method of claim 47, comprising the steps of:

creating a second opening in the wall of the patient's heart, the second opening passing through the wall of the heart and into an interior chamber of the heart;

positioning at least a portion of the flexible tip the distal portion of the device through the second opening and within an interior chamber of the heart prior to the ablating step.

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49. (Currently Amended) The method of claim 48, wherein the step of positioning the at least a portion of the flexible tip distal portion of the device within a chamber of the patient's heart comprises the steps of:

introducing a tubular access device into the second opening, the access device having an inner lumen and a distal end;

inserting the device through the inner lumen of the tubular access device such that the at least one ablating element electrode extends beyond the distal end of the access device and within an interior chamber of the heart.

50. (Previously Added) The method of claim 47, wherein the opening is created intercostally and the device is introduced through the intercostal space.

51. (Previously Added) The method of claim 47, wherein the opening is a small percutaneous incision in the space between the ribs.

52. (Previously Added) The method of claim 47, wherein the opening is created without retracting the sternum.

53. (Previously Added) The method of claim 47, wherein the opening is created without retracting the ribs.

54. (Previously Added) The method of claim 47, wherein the step of ablating the heart tissue comprises the step of applying radiofrequency energy to create the lesion in the heart tissue.

55. (Previously Added) The method of claim 47, wherein the energy source is radiofrequency energy.

56. (Previously Added) The method of claim 47, wherein the energy source is a laser.

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57. (Currently Amended) The method of claim 47, wherein the device has a first configuration and a second configuration, and comprising the step of actuating the device to configure at least the distal end portion of the device in the second configuration prior to the step of ablating.

58. (Currently Amended) The method of claim 57, wherein the actuating step causes at least the distal end portion of the device to deflect.

59. (Previously Added) The method of claim 57, wherein the actuating step creates a compressive force.

60. (Previously Added) The method of claim 57, comprising the step of actuating the device to create a compressive force.

61. (Currently Amended) The method of claim 4760, wherein the step of ablating comprises creating ablation lines in the myocardium to create a directed conduction pathway. ~~device comprises at least one electrode and the step of actuating causes the at least one electrode to be positioned adjacent the heart tissue.~~

62. (Currently Amended) The method of claim 4760, wherein the step of ablating comprises creating at least one ablation line of the Cox maze procedure. ~~device comprises at least one electrode and wherein the positioning step positions the at least one electrode into contact with the heart tissue.~~

63. (Currently Amended) The method of claim 47, wherein the step of ablating comprises creating ablation lines in the myocardium to treat atrial fibrillation. ~~positioning step positions the distal end of the device in contact with the heart tissue.~~

64. (Currently Amended) The method of claim 6347, wherein the ablation lines are for creating a directed conduction pathway is between the sinoatrial node and the atrioventricular node. ~~positioning step positions the distal end of the device against the heart tissue.~~

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65. (Cancelled)

66. (Previously Added) The method of claim 47, wherein the device comprises at least one electrode and wherein the positioning step positions the at least one electrode against the heart tissue.

67. (Previously Added) The method of claim 47, wherein the device has a length of approximately 20 to 30 cm.

68. (Previously Added) The method of claim 47, wherein the device has a length of at least 20 cm.

69. (Currently Amended) A method of forming a lesion in heart tissue of a patient, comprising:

providing a device comprising a rigid shaft having a distal end and a proximal end, a flexible tip attached to the distal end of the shaft, and at least one ablating element carried on the flexible tip having a distal portion and comprising an energy source;

creating an opening in a patient's chest, the opening passing through the chest wall and into the patient's thoracic cavity;

passing the distal portiondistal end of the device through the opening;  
positioning the distal portiondistal end of the device adjacent to heart tissue; and  
delivering energy via the device to the distal portiondistal end of the device to create a lesion in the heart tissue while the heart is beating.

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70. (Currently Amended) A method of forming a lesion in heart tissue of a patient, comprising:

providing a device comprising a rigid shaft having a distal end and a proximal end, a flexible tip attached to the distal end of the shaft, and at least one ablating element carried on the flexible tip having a distal portion and comprising an energy source;

creating an opening in a patient's chest without retracting the sternum, the opening passing through the chest wall and into the patient's thoracic cavity;

passing at least the distal end distal portion of the device through the opening;

positioning the distal portion distal end of the device adjacent to heart tissue; and

delivering energy via the device to the distal portion distal end of the device to create a lesion in the heart tissue while the heart is beating.

71. (Previously Added) The method of claim 70, wherein the opening is created without retracting the ribs.

72. (Previously Added) The method of claim 70, wherein the opening is created intercostally.

73. (Previously Added) The method of claim 72, wherein the opening is a small percutaneous incision in the space between the ribs.